

Form 1A. Notice of Lawsuit and Request for Waiver of Service of Summons

TO:

BARNOT

(Name of individual defendant or name of officer or agent of corporate defendant)

(as HEALTH CARE PHYSICIAN ASSOCIATE of SCI-CAMPBELL)

(Title or relationship of individual to corporate defendant)

(Name of corporate defendant, if any)

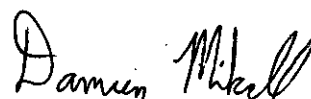
A lawsuit has been commenced against you (or the entity on whose behalf you are addressed). A copy of the complaint is attached to this notice. It has been filed in the United States District Court for the Western District of Pennsylvania and has been assigned docket number _____.

This is not a formal summons or notification from the court, but rather my request that you sign and return the enclosed waiver of service in order to save the cost of serving you with a judicial summons and an additional copy of the complaint. The cost of service will be avoided if I receive a signed copy of the waiver within _____ days after the date designate below as the date on which this Notice and Request is sent. I enclose a stamped and addressed envelope (or other means of cost-free return) for your use. An extra copy of the waiver is also attached for your records.

If you comply with this request and return the signed waiver, it will be filed with the court and no summons will be served on you. The action will then proceed as if you had been served on the date the waiver is filed, except that you will not be obligated to answer the complaint before 60 days from the date designated below as the date on which this notice is sent (or before 90 days from that date if your address is not in any judicial district of the United States).

If you do not return the signed waiver within the time indicated, I will take appropriate steps to effect formal service in a manner authorized by the Federal Rules of Civil Procedure and will then, to the extent authorized by those Rules, ask the court to require you (or the party on whose behalf you are addressed) to pay the full costs of such service. In that connection, please read the statement concerning the duty of parties to waive the service of the summons, which is set forth at the foot of the waiver form.

I affirm that this request is being sent to you on behalf of the plaintiff, this _____ day of _____, _____.



Signature of Plaintiff's Attorney or
Unrepresented Plaintiff

WAIVER OF SERVICE OF SUMMONS

TO: _____
(NAME OF PLAINTIFF'S ATTORNEY OR UNREPRESENTED PLAINTIFF)

I, _____, acknowledge receipt of your request
(DEFENDANT NAME)

that I waive service of summons in the action of _____
(CAPTION OF ACTION)
which is case number _____ in the United States District Court
(DOCKET NUMBER)
for the _____ District of _____.

I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I (or the entity on whose behalf I am acting) be served with judicial process in the manner provided by Rule 4.

I (or the entity on whose behalf I am acting) will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the court except for objections based on a defect in the summons or in the service of the summons.

I understand that a judgment may be entered against me (or the party on whose behalf I am acting) if an answer or motion under Rule 12 is not served upon you within 60 days after _____
(DATE REQUEST WAS SENT)
or within 90 days after that date if the request was sent outside the United States.

(DATE)

(SIGNATURE)

Printed/Typed Name: _____

As _____

(TITLE)

of _____

(CORPORATE DEFENDANT)

Duty to Avoid Unnecessary Costs of Service of Summons

Rule 4 of the Federal Rules of Civil Procedure requires certain parties to cooperate in saving unnecessary costs of service of the summons and complaint. A defendant located in the United States who, after being notified of an action and asked by a plaintiff located in the United States to waive service of summons, fails to do so will be required to bear the cost of such service unless good cause be shown for its failure to sign and return the waiver.

It is not good cause for a failure to waive service that a party believes that the complaint is unfounded, or that the action has been brought in an improper place or in a court that lacks jurisdiction over the subject matter of the action or over its person or property. A party who waives service of the summons retains all defenses and objections (except any relating to the summons or to the service of the summons), and may later object to the jurisdiction of the court or to the place where the action has been brought.

A defendant who waives service must within the time specified on the waiver form serve on the plaintiff's attorney (or unrepresented plaintiff) a response to the complaint and must also file a signed copy of the response with the court. If the answer or motion is not served within this time, a default judgment may be taken against that defendant. By waiving service, a defendant is allowed more time to answer than if the summons had been actually served when the request for waiver of service was received.

Form 1A. Notice of Lawsuit and Request for Waiver of Service of Summons

TO:

EDWIN A. SHOOP

(Name of individual defendant or name of officer or agent of corporate defendant)

(as HEALTH CARE ADMINISTRATOR of SCI - CAMPBELL)

(Title or relationship of individual to corporate defendant)

(Name of corporate defendant, if any)

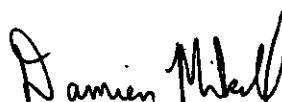
A lawsuit has been commenced against you (or the entity on whose behalf you are addressed). A copy of the complaint is attached to this notice. It has been filed in the United States District Court for the Western District of Pennsylvania and has been assigned docket number _____.

This is not a formal summons or notification from the court, but rather my request that you sign and return the enclosed waiver of service in order to save the cost of serving you with a judicial summons and an additional copy of the complaint. The cost of service will be avoided if I receive a signed copy of the waiver within _____ days after the date designate below as the date on which this Notice and Request is sent. I enclose a stamped and addressed envelope (or other means of cost-free return) for your use. An extra copy of the waiver is also attached for your records.

If you comply with this request and return the signed waiver, it will be filed with the court and no summons will be served on you. The action will then proceed as if you had been served on the date the waiver is filed, except that you will not be obligated to answer the complaint before 60 days from the date designated below as the date on which this notice is sent (or before 90 days from that date if your address is not in any judicial district of the United States).

If you do not return the signed waiver within the time indicated, I will take appropriate steps to effect formal service in a manner authorized by the Federal Rules of Civil Procedure and will then, to the extent authorized by those Rules, ask the court to require you (or the party on whose behalf you are addressed) to pay the full costs of such service. In that connection, please read the statement concerning the duty of parties to waive the service of the summons, which is set forth at the foot of the waiver form.

I affirm that this request is being sent to you on behalf of the plaintiff, this _____ day of _____, _____.



Signature of Plaintiff's Attorney or
Unrepresented Plaintiff

WAIVER OF SERVICE OF SUMMONS

TO: _____
(NAME OF PLAINTIFF'S ATTORNEY OR UNREPRESENTED PLAINTIFF)

I, _____, acknowledge receipt of your request
(DEFENDANT NAME)

that I waive service of summons in the action of _____
(CAPTION OF ACTION)
which is case number _____ in the United States District Court
(DOCKET NUMBER)
for the _____ District of _____

I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I (or the entity on whose behalf I am acting) be served with judicial process in the manner provided by Rule 4.

I (or the entity on whose behalf I am acting) will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the court except for objections based on a defect in the summons or in the service of the summons.

I understand that a judgment may be entered against me (or the party on whose behalf I am acting) if an answer or motion under Rule 12 is not served upon you within 60 days after _____
(DATE REQUEST WAS SENT)
or within 90 days after that date if the request was sent outside the United States.

(DATE) (SIGNATURE)

Printed/Typed Name: _____

As _____ of _____
(TITLE) (CORPORATE DEFENDANT)

Duty to Avoid Unnecessary Costs of Service of Summons

Rule 4 of the Federal Rules of Civil Procedure requires certain parties to cooperate in saving unnecessary costs of service of the summons and complaint. A defendant located in the United States who, after being notified of an action and asked by a plaintiff located in the United States to waive service of summons, fails to do so will be required to bear the cost of such service unless good cause be shown for its failure to sign and return the waiver.

It is not good cause for a failure to waive service that a party believes that the complaint is unfounded, or that the action has been brought in an improper place or in a court that lacks jurisdiction over the subject matter of the action or over its person or property. A party who waives service of the summons retains all defenses and objections (except any relating to the summons or to the service of the summons), and may later object to the jurisdiction of the court or to the place where the action has been brought.

A defendant who waives service must within the time specified on the waiver form serve on the plaintiff's attorney (or unrepresented plaintiff) a response to the complaint and must also file a signed copy of the response with the court. If the answer or motion is not served within this time, a default judgment may be taken against that defendant. By waiving service, a defendant is allowed more time to answer than if the summons had been actually served when the request for waiver of service was received.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF

DAMIEN MIKELL

COURT CASE NUMBER

DEFENDANT

JANE / JOHN DOE, CORRECTIONS OFFICER 1

TYPE OF PROCESS

1983

SERVE

AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDE

STATE CORRECTIONAL INSTITUTION - CAMPHILL

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

2500 LISBURN ROAD, CAMPHILL, PA. 17001

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

DAMIEN MIKELL DM-6559

SCI - FOREST

P.O. BOX - 945

MARIENVILLE, PA. 16839

Number of process to be served with this Form 285

1

Number of parties to be served in this case

9

Check for service on U.S.A.

X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

DEPARTMENT OF CORRECTION
1920 TECHNOLOGY PARKWAY
MECHANICSBURG, PA. 17050

Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

District to Serve

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

RIOR EDITIONS
MAY BE USED

PRINTS COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE

FORM USM-285
Rev. 12/15/80
Automated 01/00

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF DAMIEN MIKELL	COURT CASE NUMBER
DEFENDANT JANE / JOHN DOE, CORRECTIONS OFFICER 1	TYPE OF PROCESS 1983
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDE	
SERVE AT { STATE CORRECTIONAL INSTITUTION - CAMP HILL	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 2500 LISBURN ROAD, CAMP HILL, PA. 17001	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

DAMIEN MIKELL DM-6659
SCI - FOREST
P.O. BOX - 945
MARIENVILLE, PA. 16839

Number of process to be served with this Form 285

1

Number of parties to be served in this case

9

Check for service on U.S.A.

X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

DEPARTMENT OF CORRECTION
1920 TECHNOLOGY PARKWAY
MECHANICSBURG, PA. 17050

Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

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Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

RIOR EDITIONS
MAY BE USED

PRINT 5 COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE

FORM USM-285
Rev. 12/15/80
Automated 01/00

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF DAMIEN MIKELL	COURT CASE NUMBER
DEFENDANT JANE / JOHN DOE, CORRECTIONS OFFICER 1	TYPE OF PROCESS 1983
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDE	
SERVE AT { STATE CORRECTIONAL INSTITUTION - CAMP HILL	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 2500 LISBURN ROAD, CAMP HILL, PA. 17001	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
DAMIEN MIKELL DM-6659 SCT - FOREST P.O. BOX - 945 MARIENVILLE, PA. 16839	
Number of process to be served with this Form 285	1
Number of parties to be served in this case	9
Check for service on U.S.A.	X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

DEPARTMENT OF CORRECTION
1920 TECHNOLOGY PARKWAY
MECHANICSBURG, PA. 17050

Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

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I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No.	No.		

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Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date _____ Time _____
☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

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FORM USM-285
Rev. 12/15/80
Automated 01/00

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF DAMIEN MIKELL	COURT CASE NUMBER
DEFENDANT JANE / JOHN DOE, CORRECTIONS OFFICER 1	TYPE OF PROCESS 1983
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDE	
SERVE AT {	STATE CORRECTIONAL INSTITUTION - CAMPHILL
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
2500 LISBURN ROAD, CAMPHILL, PA. 17001	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

DAMIEN MIKELL DM-6559
SCI - FOREST
P.O. BOX - 945
MARIENVILLE, PA. 16839

Number of process to be served with this Form 285

1

Number of parties to be served in this case

9

Check for service on U.S.A.

X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

DEPARTMENT OF CORRECTION
1920 TECHNOLOGY PARKWAY
MECHANICSBURG, PA. 17050

Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

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MAY BE USED

PRINT COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE

FORM USM-285
Rev. 12/15/80
Automated 01/00

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF DAMIEN MIKELL		COURT CASE NUMBER	
DEFENDANT EDWIN A. SHOOP, HEALTH CARE ADMINISTRATOR		TYPE OF PROCESS 1983	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDE STATE CORRECTIONAL INSTITUTION - CAMPHILL		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 2500 LISBURN ROAD, CAMPHILL, PA. 17001		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	1
<input type="checkbox"/> DAMIEN MIKELL DM-6559 602 FOREST P.O. BOX 945 MARIENVILLE, PA. 16239		Number of parties to be served in this case	9
		Check for service on U.S.A.	X
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):			
DEPARTMENT OF CORRECTION 1920 TECHNOLOGY PARKWAY MECHANICSBURG, PA. 17050			
Signature of Attorney other Originator requesting service on behalf of:		<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER DATE
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process No.	District of Origin No.	District to Serve No. Signature of Authorized USMS Deputy or Clerk Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)		Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy
Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

RIOR EDITIONS
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE

FORM USM-285
Rev. 12/15/80
Automated 01/00

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF DAMIEN MIKELL	COURT CASE NUMBER
DEFENDANT EDWIN A. SHOOP, HEALTH CARE ADMINISTRATOR	TYPE OF PROCESS 1983
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDE	
SERVE AT { STATE CORRECTIONAL INSTITUTION - CAMPHILL	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 2500 LISBURN ROAD, CAMPHILL, PA. 17001	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

DAMIEN MIKELL DM-6559

SCI-FOREST

P.O. BOX 945

MARIENVILLE, PA. 16839

Number of process to be served with this Form 285

1

Number of parties to be served in this case

9

Check for service on U.S.A.

X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

DEPARTMENT OF CORRECTION

1920 TECHNOLOGY PARKWAY

MECHANICSBURG, PA. 17050

Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
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☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

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PRINT 5 COPIES:

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2. USMS RECORD
3. NOTICE OF SERVICE

FORM USM-285
Rev. 12/15/80
Automated 01/00

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF DAMIEN MIKELL	COURT CASE NUMBER
DEFENDANT EDWIN A. SHOOF, HEALTH CARE ADMINISTRATOR	TYPE OF PROCESS 1983
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDE	
SERVE AT { STATE CORRECTIONAL INSTITUTION - CAMPHILL	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 2500 LISBURN ROAD, CAMPHILL, PA. 17001	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

DAMIEN MIKELL DM-6559
SCI-FOREST
P.O. BOX-945
MARIENVILLE, PA. 16289

Number of process to be served with this Form 285

1

Number of parties to be served in this case

9

Check for service on U.S.A.

X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

DEPARTMENT OF CORRECTION
1920 TECHNOLOGY PARKWAY
MECHANICSBURG, PA. 17050

Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

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☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

RIOR EDITIONS
MAY BE USED

PRINTED COPIES

1. CLERK OF THE COURT
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3. NOTICE OF SERVICE

FORM USM-285
Rev. 12/15/80
Automated 01/00

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF DAMIEN MIKELL	COURT CASE NUMBER
DEFENDANT EDWIN A. SHOOP, HEALTH CARE ADMINISTRATOR	TYPE OF PROCESS 1983
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDE	
SERVE AT { STATE CORRECTIONAL INSTITUTION - CAMPHILL	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 2500 LISBURN ROAD, CAMPHILL, PA. 17001	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

DAMIEN MIKELL DM-6559
SCI-FOREST
P.O. BOX -945
MARIENVILLE, PA. 16289

Number of process to be served with this Form 285

1

Number of parties to be served in this case

9

Check for service on U.S.A.

X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

DEPARTMENT OF CORRECTION
1920 TECHNOLOGY PARKWAY
MECHANICSBURG, PA. 17050

Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No.	No.		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINTS COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE

FORM USM-285
Rev. 12/15/80
Automated 01/00

RIOR EDITIONS
MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF DAMIEN MIKELL		COURT CASE NUMBER	
DEFENDANT BARNDY, HEALTH CARE PHYSICIAN ASSISTANT		TYPE OF PROCESS 1983	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDE			
SERVE AT	{	STATE CORRECTIONAL INSTITUTION - CAMPHILL	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 2500 LISBURN ROAD, CAMPHILL, PA. 17001		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	1
<div style="border: 1px solid black; padding: 5px;"> DAMIEN MIKELL DM-6559 SCI-FOREST P.O. BOX-945 MARIENVILLE, PA. 16299 </div>		Number of parties to be served in this case	9
		Check for service on U.S.A.	X
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):			
DEPARTMENT OF CORRECTION 1920 TECHNOLOGY PARKWAY MECHANICSBURG, PA. 17050			
Signature of Attorney other Originator requesting service on behalf of:		<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER DATE
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE			
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Signature of Authorized USMS Deputy or Clerk		Date	
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Name and title of individual served (if not shown above)		<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)		Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
		Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges
Advance Deposits		Amount owed to U.S. Marshal* or (Amount of Refund*)	

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U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF DAMIEN MIKELL	COURT CASE NUMBER
DEFENDANT BARNOT, HEALTH CARE PHYSICIAN ASSISTANT	TYPE OF PROCESS 1983
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDE	
SERVE AT { STATE CORRECTIONAL INSTITUTION - CAMPHILL	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 2500 LISBURN ROAD, CAMPHILL, PA. 17001	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
DAMIEN MIKELL DM-6559	Number of parties to be served in this case	9
SCI-FOREST	Check for service on U.S.A.	X
P.O. BOX - 945		
MARIENVILLE, PA. 16239		

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

DEPARTMENT OF CORRECTION
1920 TECHNOLOGY PARKWAY
MECHANICSBURG, PA. 17050

Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

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Address (complete only different than shown above)

Date _____ Time _____
☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

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PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF DAMIEN MIKELL	COURT CASE NUMBER
DEFENDANT BARNOT, HEALTH CARE PHYSICIAN ASSISTANT	TYPE OF PROCESS 1983
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDE	
SERVE AT { STATE CORRECTIONAL INSTITUTION - CAMPHILL	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 2500 WISBURN ROAD, CAMPHILL, PA. 17001

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285 1
DAMIEN MIKELL DM-6559 SCI-FOREST P.O. BOX - 945 MARIENVILLE, PA. 16289		Number of parties to be served in this case 9
		Check for service on U.S.A. X

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1920 TECHNOLOGY PARKWAY
MECHANICSBURG, PA. 17050

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
---	--	------------------	------

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Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode				
Address (complete only different than shown above)	<table border="1"> <tr> <td>Date</td> <td>Time</td> </tr> <tr> <td></td> <td><input type="checkbox"/> am <input type="checkbox"/> pm</td> </tr> </table>	Date	Time		<input type="checkbox"/> am <input type="checkbox"/> pm
Date	Time				
	<input type="checkbox"/> am <input type="checkbox"/> pm				
Signature of U.S. Marshal or Deputy					

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PROCESS RECEIPT AND RETURN

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PLAINTIFF DAMIEN MIKELL	COURT CASE NUMBER
DEFENDANT BARNOT, HEALTH CARE PHYSICIAN ASSISTANT	TYPE OF PROCESS 1983
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDE	
SERVE AT { STATE CORRECTIONAL INSTITUTION - CAMPHILL ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 2500 WISBURN ROAD, CAMPHILL, PA. 17001	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	

DAMIEN MIKELL DM-6559
401-FOREST
P.O. BOX - 945
MARIENVILLE, PA. 16239

Number of process to be served with this Form 285

1

Number of parties to be served in this case

9

Check for service on U.S.A.

X

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1920 TECHNOLOGY PARKWAY
MECHANICSBURG, PA. 17050

Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

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Signature of U.S. Marshal or Deputy

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FORM USM-285
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Automated 01/00

**FORMS TO BE COMPLETED BY PRISONERS FILING A CIVIL RIGHTS COMPLAINT
UNDER 42 U.S.C. § 1983 or 28 U.S.C. § 1331**

COVER SHEET

THIS COVER SHEET CONTAINS IMPORTANT INFORMATION ABOUT FILING A COMPLAINT AND YOUR OBLIGATIONS IF YOU DO FILE A COMPLAINT. READ AND COMPLETE THE COVER SHEET BEFORE YOU PROCEED FURTHER.

The cost for filing a civil rights complaint is \$350.00.

If you do not have sufficient funds to pay the full filing fee of \$350.00 you need permission to proceed *in forma pauperis*. However, the court will assess and, when funds exist, immediately collect an initial partial filing fee of 20 percent of the greater of:

- 1) the average monthly deposits to your prison account for the past six months; or
- 2) the average monthly balance in your prison account for the past six months.

Thereafter, the institution in which you are incarcerated will be required to make monthly payments of 20 % of the preceding month's deposits credited to your account until the entire filing fee is paid.

CAUTION: YOUR OBLIGATION TO PAY THE FULL FILING FEE WILL CONTINUE REGARDLESS OF THE OUTCOME OF YOUR CASE, EVEN IF YOUR COMPLAINT IS DISMISSED BEFORE THE DEFENDANTS ARE SERVED.

1. You shall file a complaint by completing and signing the attached complaint form and mailing it to the Clerk of Court along with the full filing fee of \$350.00. (In the event attachments are needed to complete the allegations in the complaint, no more than three (3) pages of attachments will be allowed.) If you submit the full filing fee along with the complaint, you DO NOT have to complete the rest of the forms in this packet. Check here if you are submitting the filing fee with the complaint form. ____

2. If you cannot afford to pay the fee, you may file a complaint under 28 U.S.C. § 1915 without paying the full filing fee at this time by completing the following: (1) Complaint Form; (2) Application To Proceed In Forma Pauperis; and (3) Authorization Form. You must properly complete, sign and submit all three standard forms or your complaint may be returned to you by the Clerk of Court. Check here if you are filing your complaint under 28 U.S.C. § 1915 without full prepayment of fees. ____

Please Note: If your case is allowed to proceed and you are awarded compensatory damages against a correctional facility or an official or agent of a correctional facility, the damage award will first be used to satisfy any outstanding restitution orders pending. Before payment of any compensatory damages, reasonable attempts will be made to notify the victims of the crime for which you were convicted concerning payment of such damages. The restitution orders must be fully paid before any part of the award goes to you.

DO NOT DETACH THE COVER SHEET FROM THE REST OF THE FORMS

**FORMS TO BE COMPLETED BY PRISONERS FILING A CIVIL RIGHTS COMPLAINT
UNDER 42 U.S.C. § 1983 or 28 U.S.C. § 1331**

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**FORMS TO BE COMPLETED BY PRISONERS FILING A CIVIL RIGHTS COMPLAINT
UNDER 42 U.S.C. § 1983 or 28 U.S.C. § 1331**

COVER SHEET

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**FORMS TO BE COMPLETED BY PRISONERS FILING A CIVIL RIGHTS COMPLAINT
UNDER 42 U.S.C. § 1983 or 28 U.S.C. § 1331**

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**FORMS TO BE COMPLETED BY PRISONERS FILING A CIVIL RIGHTS COMPLAINT
UNDER 42 U.S.C. § 1983 or 28 U.S.C. § 1331**

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